

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a pr	reviously filed sta	itement for the cal	endar year 2	2007.	
		INFORMATION			
Name				Mambar of	
JANE E EBERLE				Member of:  House	Consts
Mailing address	American Company of the Company of t	**************************************	ALL ALL AND AL	· · · · · · · · · · · · · · · · · · ·	☐ Senate
187 PILGRIM RD.				District 123	
City, zip code	Make the service of t			Phone	
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PART 1. INCOM	IE DERIVED FR	OM EMPLOYME!	NT BY ANO	THER	
List the name and address of each emplo principal type of economic activity of each e	eyer from whom employer.	you received con	npensation c	of \$1,000 or mo	re. Specify the
Name of Employer		Address			e of Economic Employer
STATE OF MAINE	2 STAT	E HOUSE	STA.		The second of th
HOUSE OF REPRESENTA	ATVOS	AU6U51	A 33	LEGISLA BUSINES	TIVE
SOUTH PORTLAND	120 WE	SCOTT RO	)	BUSINE	_ <
SCHOOL DEPT.	5. PORT	LANDO	1106	PARTNER	SHIP TUR
	And the last state of the last			A STATE OF THE STA	
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	*				
		FROM SELF-EN			
A. List the name and address of your but		o are self-employe		North Andrew	
derived income. If associated with a partner areas of economic activity of that entity.	ership, firm, prof	essional associati	ion, or simila	r business entit	y, list the major
Name and Address of Business Entity	, <u>M</u>	ajor Areas of Econo (self)	mic Activity	Aci (partnership, ass	of Economic tivity sociation or similar ss entity)
Name: Address:	·	Dr. radio van numeradora migrajo mono.		:	
Name:					
Address:					

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO (For Legislators who are self-employed.)	YMENT
B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the parties of the entity or person from whom the income was derived.	derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	
N/N	
Name:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of you	ır firm.
Name and Address of Firm Major Areas of Pra (self)	actice Major Areas of Practice
Name: Address:	
Name:	
Address:	
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	e gifts. If none, check the box.
□ None Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: WELLPOINT INS. Address: INDIANAPOLIS, IN	STOCK SALE-
Address: INDIANAPOLIS, IN	INHERITANCE
Name:	
Address:	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box.	reporting period, and list the major
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	1
Address:	
Name:	
Address:	
PART 6. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box	e than \$300 from a single source. If
None of Source of City	Source of Cit
Name of Source of Gift Name of 1.	Source of Gift
2. AJA 4.	n determination and real residence of the last residence and the second of the second

PART 7. REPORTA	ABLE HO	IORA	RIA			
List the source of any honoraria accepted for appearances or speec	hes related	to you	r off	icial duties. If none, check the box.		
None			In. 10. 1. 1000 1000			
Name of Source of Honoraria		1 ( 787 )	Ŋ	ame of Source of Honoraria		
1.	3.					
2.	4.		KI TILALIZA A MA			
PART 8. REPRESENTATION	BEFORE	STAT	E Å	GENCIES		
List each executive branch agency before which you represented of the box.						
None			***************************************			
Name of Agency		ik Coj		Name of Agency		
1. · · · · · · · · · · · · · · · · · · ·	3.					
2.	4.					
PART 9. BUSINESS W	ITH STAT	E AGE	ENC	ÎES		
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.	ur immediat	e famil	y so	ld goods or services with a value in excess of		
None	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			1		
Name of Agency		T.		Name of Agency		
1. NA	3.					
2.	4.	-		The second secon		
PART 10. INCOME RECEIVED BY N	VEMBERS	OF II	ЙM	EDIATE FAMILY		
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.						
Type of Economic Activity Representing Source of Income Receiv	ved ar	Circle propria letter	te	Kind of Income		
1. MEDICAL (PHYSICAL THERAPIST			)	SALARY/EMPLOYMENT		
2.	,	}	כ			
3.	S	3 [	)			
4.	5	3	<b>)</b>			
SIGNA	TURE	: ! \$				
A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)						
The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.						
If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)						
Jane E. Eherle			1.	18/08		

Date

Signature

NAME:	and the state of t			DATE:		es de la	3,
ADDRESS:		The second of th	Marie Transport Marie Tale Tale State Control Transport	A CONTRACTOR OF THE PROPERTY O	-	-	· · · ·
1	: (1.2 mg 	ADDIT	IONAL INFOR	MATION			
Please provide any additional information you are providing.	information below	w (and on	additional she	ets if needed).	Indicate the part or	section number for	r the
Part/Section Number	And the second s		The state of the s		Section 1995 Secti		
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